FORM **PTOL-413** (REV.1-96)



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ADDITIONAL TOTAL	50 NIO 5 175	FIDOT MAMED ADDITIONAL	47**	NEV POOKET NO
APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.	
			EXAMINER	
			ART UNIT	PAPER NUMBER
				15
	INTER	VIEW SUMMARY	DATE MAILED:	
participants (applicant, applicant's	s representative, PTO personr	nel):		
David Jugo		(3)		
Heather Kissl	ling	(4)		
te of Interview $9-9-6$	2/9-12-02			
pe: Telephonic Personal	copy is given to applican	t applicant's representative)		
hibit shown or demonstration cond	ducted: Yes No If yes	s, brief description:		
· · · · · · · · · · · · · · · · · · ·				
greement 🗹 was reached. 🗀 wa	as not reached.			
aim(s) discussed: 5,19				
entification of prior art discussed:_	Ronanczuk	1 1		
escription of the general nature of	what was agreed to if an agree	ement was reached, or any other	comments: On	licant' repus
ronosed an ane	adment to cle	in 19 that w	onld obv	inte the
	claim (and de	0 + 1) 7.1	<i>t</i> '
yeurs of said	claim (and de	genden cums	19-12-02	1 12
are approved of	1 concellation	of clasm 5.	aff	hearts requese
soformed that	you further	consideration and	guen the	pending allow
A fuller description, if necessary, ar ust be attached. Also, where no catached.)	id a copy of the amendments, oppy of the amendments which	if available, which the examiner would render the claims allowab	agreed would rende le is available, a sui	er the claims allowable mmary thereof must be
It is not necessary for applicar	nt to provide a separate record	of the substance of the interview	w .	
nless the paragraph above has be NOT WAIVED AND MUST INCLU tion has are ready been filed, APF JBSTANCE OF THE INTERVIEW.	IDE THE SUBSTANCE OF TH PLICANT IS GIVEN ONE MON	IE INTERVIEW. (See MPEP Se	ction 713.04). If a re	sponse to the last Office
rejections and requirements th	nat may be present in the last onse requirements of the last	ny attachments) reflects a comp Office action, and since the clain Office action. Applicant is not re	ns are now allowable	e, this completed form
raminer Note: You must sign this fo	orm unless it is an attachment	to another form	(4)· 1	/ 1